MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3791

-62-017064 STATE FILE NUMBER

FILED APR 2 5 1962

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. — Length of stay in 1b:
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4587 Davison, Ave. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri. b. COUNTY: Madison
   c. CITY OR TOWN: Fredericktown — Inside Limits Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): ------- — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First: Rosa — Middle: — Last: Meissel

4. DATE OF DEATH — Month Day Year: April 9, 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/26/1883

9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Patton, Missouri.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Albright

13b. MOTHER'S MAIDEN NAME: Susan Myers

14. NAME OF HUSBAND OR WIFE: George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Mrs. Georgia Reckerd, 4587 Davison, Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Chronic myocarditis — 6 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): arteriosclerotic hypertensive heart disease — yrs

443x

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 5-12-61, to 4-9-62 and last saw her alive on 4-6-62

Death occurred at 9:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Guy Knapp D.O.

22b. ADDRESS: 4991 Thrush ave

22c. DATE SIGNED: 4/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-10-62

23c. NAME OF CEMETERY OR CREMATORY: Christian Cemetery

23d. LOCATION (City, town, or county) (State): Fredericktown, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: APR 10 1962

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

APR 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. ______

working under my personal supervision.

Student ______________________________
Signature of Student Embalmer

Signed Ellon Root Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.